

# Disclosure Form Pertaining to ADA Editorial Activities International Committee of Medical Journal Editors (ICMJE) Adapted by the American Diabetes Association

**Date:** 9/24/2024

**Your Name:** Amalia Gastaldelli

**Journal Title:** Diabetes Care

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to your role as editor for the above-titled journal. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The relationships/activities/interests of the editors should be defined broadly. For example, if you are asked to oversee the peer-review of manuscripts pertaining to the epidemiology of diabetes, you should declare all relationships with manufacturers of glucose-lowering medications.

This form was modified by the American Diabetes Association (ADA) in December 2023 to pertain to editorial review activities for ADA professional publications. The original disclosure form developed by the International Committee of Medical Journal Editors (ICMJE) can be found at <https://www.icmje.org/disclosure-of-interest>.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)									
<b>Time frame: Since the initial planning of the work</b>												
<b>1</b>	Funding support for research projects completed or awarded in the past 36 months (including provision of study materials, article processing charges, etc.)	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <p style="font-size: small; color: gray;">Click the tab key to add additional rows.</p>			
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<b>Time frame: Past 36 months</b>											
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.			
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.			
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<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Boehringer-Ingelheim</td><td style="width: 50%;">Payment to me as required by CNR</td></tr> <tr><td style="height: 20px;">Novo Nordisk</td><td>Payment to me</td></tr> <tr><td style="height: 20px;">MSD</td><td>Payment to me</td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Boehringer-Ingelheim	Payment to me as required by CNR	Novo Nordisk	Payment to me	MSD	Payment to me			
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<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Eli Lilly</td><td style="width: 50%;">Payment to me as required by CNR</td></tr> <tr><td style="height: 20px;">Novo Nordisk</td><td>Payment to me</td></tr> <tr><td style="height: 20px;">Pfizer Inc.</td><td>Payment to me</td></tr> <tr><td style="height: 20px;">MSD</td><td>Payment to me</td></tr> </table>	Eli Lilly	Payment to me as required by CNR	Novo Nordisk	Payment to me	Pfizer Inc.	Payment to me	MSD	Payment to me	
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.			
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<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Eli Lilly</td><td style="width: 50%;">Payment to me</td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	Eli Lilly	Payment to me				Click the tab key to add additional rows.			
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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 283 1469 388"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.				
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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 514 1469 682"> <tr><td>Boehringer-Ingelheim</td><td>Payment to me</td></tr> <tr><td>Novo Nordisk</td><td>Payment to me</td></tr> <tr><td>MSD</td><td>Payment to me</td></tr> <tr><td>Pfizer</td><td>Payment to me</td></tr> <tr><td>Regeneron</td><td>Payment to me</td></tr> </table>	Boehringer-Ingelheim	Payment to me	Novo Nordisk	Payment to me	MSD	Payment to me	Pfizer	Payment to me	Regeneron	Payment to me
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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 787 1469 892"> <tr><td>President MASLD study group</td><td>unpaid</td></tr> <tr><td>President EGIR study group</td><td>unpaid</td></tr> <tr><td>Metadeq Diagnostic</td><td>unpaid</td></tr> </table>	President MASLD study group	unpaid	President EGIR study group	unpaid	Metadeq Diagnostic	unpaid				
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 987 1469 1092"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.				
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 1218 1469 1323"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.				
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<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 1428 1469 1533"> <tr><td>Associate Editor J Hepatology</td><td> </td></tr> <tr><td>Associate Editor J Am Nutr Ass</td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>	Associate Editor J Hepatology		Associate Editor J Am Nutr Ass			Click the tab key to add additional rows.				
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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

